Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		IL6004477	B. WING		12/05/2019					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
HILLTOP SKILLED NSG & REHAB 910 WEST POLK STREET CHARLESTON, IL 61920										
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPLICATION OF CORRECT PROVIDER OF THE APPLICATION OF THE APPLICAT	FION SHOULD BE COMPLETE THE APPROPRIATE DATE					
S 000	Initial Comments		S 000							
	First Probationary Licensure Survey									
S9999	Final Observations		S9999							
	Statement of Licensure Violations									
	Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.									
	Nursing and Person d) Pursuant to subs	section (a), general nursing at a minimum, the following ced on a 24-hour,								
llinois Benza	pressure sores, her breakdown shall be seven-day-a-week enters the facility w develop pressure s clinical condition de sores were unavoid	m to prevent and treat at rashes or other skin e practiced on a 24-hour, basis so that a resident who rithout pressure sores does not cores unless the individual's emonstrates that the pressure dable. A resident having all receive treatment and		Attachment A Statement of Licensure Viole	ations					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 12/27/19

STATE FORM 6899 3SUD11 If continuation sheet 1 of 7

PRINTED: 02/25/2020 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ B. WING IL6004477 12/05/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 910 WEST POLK STREET **HILLTOP SKILLED NSG & REHAB** CHARLESTON, IL 61920 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S9999 Continued From page 1 S9999 services to promote healing, prevent infection, and prevent new pressure sores from developing. These requirements are not met as evidenced by: Based on record review, observation and interview, the facility failed to implement a physician's order for heel protectors for a resident (R4) with a history of known pressure ulcers. This

Findings include:

The Admission Nursing Assessment dated 10/17/19 documents that R4 has 2 plus pitting edema but does not document the location. Skin conditions documented on this same assessment are as follows: Left trochanter (hip) - surgical incision, Left ankle (outer) - pressure, and bruising - location not documented.

failure resulted in R4 developing an unstageable and subsequent Stage 4 pressure ulcer to the left heel. R4 is one of one resident reviewed for pressure ulcers in the sample list of eight.

The Minimum Data Set (MDS) dated 10/24/19 documents R4 as being cognitively intact and R4 being at risk for pressure ulcers.

R4's Physician Order Sheet (POS) dated December 2019 includes the following diagnoses: Left Femur Fracture, Aftercare Following Joint Replacement Surgery, Cerebral Infarction and Intraductal Carcinoma In Situ of the Right Breast. This same POS documents an order dated 11/21/19 for off loading boots to be on R4 at all times.

On 12/3/19 at 10:05 am during tour of the facility, R4 was lying supine in bed and did not have heel protectors in place. There was a pillow placed

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treatment in place.

measuring 1.5 cm x 0.5 cm by 0.0 cm in depth,

10/27/19 - Left top of foot by toes, acquired, granulation tissue of beefy red present, moist, measuring 4 cm by 5 cm by 0.1 cm in depth with serous drainage. Wound edges are rolled under.

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		iL6004477	B. WING		12/0	05/2019
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		·
HILLTOF	SKILLED NSG & REI	HAB	T POLK STRI STON, IL 619	-		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT! (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	OULD BE COMPLETE	
S9999	Continued From page 3		S9999			
	with inflammation and induration present - new finding, first observation, no reference.					
	The following "Wound Evaluation and Management Summary" reports document the following on R4: 10/29/19 - "History of Present Illness: At the request of the referring provider (V11), a thorough wound care assessment and evaluation was performed today. (R4) has a stage 1 pressure wound of the left heel for at least one day duration. There is no exudate. Past Medical History of Parkinson's Disease. There is no indication of pain associated with this condition. No relevant family history identified which includes a negative family history for immunosupressive conditions, collagen-vascular disease and bleeding disorders. (R4) is calm and appropriate. (R4) is oriented to person and place."					
	Wound Exam (Site resolved.	1) - Left Lateral Ankle -				
	stage 1, measuring measurable (depth)	2) - Left Heel - pressure, 4 cm by 3 cm by not . Treatment - Foam with times per week for 30 days. n in bed.				
	stage 1, greater tha measuring 3 cm by (depth). Treatment	3) - Right Heel - pressure, n one day duration, 2 cm by not measurable - Foam with border, apply k for 30 days. Heel protector				
		4) - Left, Distal, Dorsal Foot - ag documented), measuring 3				

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11/19/19.

other Skin Inspections Assessments until

On 11/19/19 V11 (Wound Physician) documents the following: Focused Wound Exam (Site 1) Unstageable (due to necrosis) Pressure Wound of the Left Heel. Wound size measures 6 cm x 5 cm x 0.1 cm with a surface area of 30.00 cm2.

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11/21/19.

10/29/19 for heel protectors or to continue the heel protectors on 11/5/19. The order for heel protectors is not documented on R4's POS until

R4's Treatment Administration Records (TARS) dated 10/29/19 to 12/3/19 does not document V11's orders for Heel protectors or that staff

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